

were not satisfactory in 37% of our series. Correlation with functional outcomes would be beneficial.

#### 0902: THE FPV PATELLOFEMORAL JOINT REPLACEMENT MID-TERM RESULTS FROM AN INDEPENDENT DISTRICT-GENERAL HOSPITAL

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**Background:** Isolated patellofemoral joint osteoarthritis affects approximately 10% of patients aged over 40 years and treatment remains controversial. The Femoro Patella Vialli (FPV) patellofemoral joint replacement (Wright Medical Technology, UK has been shown to restore functional kinematics of the knee close to normal. Despite its increasing popularity in recent years, there are no studies evaluating the mid-term results with an objective scoring assessment.

**Aims:** Therefore the aim of this study was to report the clinical and radiological outcomes of FPV patellofemoral joint replacement in patients with isolated patellofemoral arthritis, from our independent district-general hospital.

**Methods:** Between 2006 and 2012, we performed 53 consecutive FPV patellofemoral arthroplasties in 41 patients with isolated patellofemoral joint osteoarthritis. The mean follow-up was 3 years.

**Results:** Mean Oxford Knee scores improved from 19.7 to 37.7 at latest follow-up. Ninety four per cent of patients were happy or very happy with their knees. Progression of tibiofemoral osteoarthritis was seen 12% of knees. 2 knees required revision to TKR at 7 months post-operatively, which we attribute to poor patient selection.

**Conclusion:** Our findings suggest the FPV patellofemoral prosthesis survives well and gives a good functional outcome in the medium term.

#### 0918: INCIDENCE, CLINICAL RELEVANCE, AND COSTS OF NON-ROUTINE BLOOD INVESTIGATIONS FOR ACUTE HIP FRACTURE PATIENTS

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**Aim:** National guidelines suggest which investigations should be performed for patients admitted with an acute hip fracture. We have observed practice often deviates from these guidelines. Our study aims to identify the incidence of deviation with regards to blood investigations and review the effect of deviation on management, and the financial burden on the healthcare system.

**Methodology:** A total of 250 acute hip fracture admissions over 12-months period reviewed retrospectively. Admission blood tests, time of presentation, and time of operation were recorded. The cost of admission blood investigations was calculated.

**Results:** About 79% of admissions had one or more non-routine blood investigation tested. Twenty-Nine percent of these tests had abnormal results and these were found to be clinically relevant in 6% of patients. The most commonly requested non-routine investigations were: LFT in 79%, Coagulation screen in 56%, and CRP in 48%. Approximately 15% percent of patients did not have surgery within the time frame of 36 hours. The total cost of non-routine investigations was £1995.04.

**Conclusion:** Deviation from admission investigations guidelines for hip fractures without clinical indication adds little clinical value, has no effect on management, and can be potential cause of unnecessary further investigations, delay and extra cost.

#### 0923: DOES TIME OF SURGERY AFFECT SAME DAY DISCHARGE FOLLOWING ARTHROSCOPIC SHOULDER SURGERY?

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**Aim:** Shoulder arthroscopy has superseded open shoulder procedures to treat a wide range of pathology. The aim of this study was to assess the proportion of patients that were discharged late (not same day) and compare with time of surgery.

**Methods:** This retrospective cohort study reviewed all arthroscopic procedures performed by one specialist in a single unit over a year. Data collected included type of surgery, patient co-morbidities and time of discharge from the operating room. Patients discharged late were contacted.

**Results:** 122 patients of mean age 51 (range 18–78) were included. 89% were ASA I or II. Procedures performed were sub-acromial decompression (68%), rotator cuff repair (14%) and shoulder stabilisation (12%). In total 34 (29%) had delayed discharge. 47 patients left the operating room after 1pm, with 43% of these patients discharged late compared to 17% whose operation ended before 1pm. 29 out of 34 (85%) were contacted. Post-operative pain (62%) and recovery from a general anaesthesia (21%) were contributing factors.

**Conclusion:** The time of surgery does seem to influence same day discharge in a cohort of patients where the majority are of ASA I or II. Post operative pain seems to be the biggest hindrance to discharge.

#### 0926: THE CODING OF UPPER LIMB SURGERY; KING'S EXPERIENCE

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**Aim:** To audit the tariffs paid for 'typical' upper limb surgical procedures performed within our department, including simple cases and complex tertiary referrals.

**Method:** We selected ten consecutive patients who had undergone five commonly performed procedures within our unit. We examined the OPCS-4 codes given, the HRG codes and the actual tariff paid.

**Results:** Carpal tunnel decompression was accurately coded and paid for in all cases. Tariff disparities were observed in all other procedures, for example, £455 versus £6,047 for distal radial osteotomy (SD £2,683). Wrist arthroscopy and ulnar nerve decompression produced a vast range of tariffs, with differences in excess of £10,000.

**Discussion:** Surgical coding and fee-for-service is central to the distribution of NHS funding. Orthopaedic surgery receives a fixed budget which is divided among providers according to activity. Upper limb surgery is diverse with a wide range of potential interventions. In a tertiary referral centre, this range is even broader, which can lead to increased complexity in clinical coding and large tariff discrepancies. Our results demonstrate that simplification of the coding process, with shared knowledge between surgeon and coder is imperative for accurate coding and tariff allocation. Electronic operation records with specific codes are now being used.

#### 0932: EVALUATING ACCESS TO AND UTILISATION OF ELECTRONIC MEDIA FOR PATIENT EDUCATION IN A HIP ARTHROPLASTY POPULATION

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**Background:** Patients undergoing primary hip arthroplasty at the Hampshire Hospitals NHS Foundation Trust receive an educational DVD prior to surgery. Information is also available via a dedicated website. In 2009 an audit to evaluate the uptake and effectiveness of the DVD and website was undertaken. A re-audit was completed in 2012 to assess trends in IT access and to evaluate changes to the website.

**Methods:** A telephone questionnaire was administered to 50 consecutive patients in 2009 and 2012 within two weeks of surgery.

**Results:** There was no difference in patient age or demographics between the two groups. Access to a DVD player in 2009 was 86%, against 94% in 2012 (P=0.16), whilst internet access was at 60% vs. 58%. The number of patients comfortable using a DVD player increased from 57% to 78% (P<0.05). All patients watching the DVD would recommend it. The number of patients using the website increased from 16% to 24% (P<0.05).

**Conclusions:** Most arthroplasty patients have access to a DVD player, and there was a significantly greater number of patients who felt comfortable using it. However, internet access remains poor, although there was significantly increased use of the website. Patients favour a DVD over website resources.

#### 0937: JOINT ARTHROPLASTY ACCELERATED REHABILITATION: SEVERITY OF PAIN EXPERIENCED ON FIRST MOBILIZATION

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**Aim:** To quantify subjectively, utilizing a visual analogue score (VAS) the pain experienced by patients at time of first mobilization on accelerated rehabilitation programs following lower limb arthroplasty.

**Methods:** 41 patients were included in study. The regime consisted of pre operatively 150mg pregabalin PO given an hour before surgery. A spinal anaesthetic was utilised consisting of 3mls 0.5% heavy bupivacaine with no intrathecal opiates. Intra operatively 30mg ketorolac IV, 8mg